



New Hampshire Department of Health and Human Services Alcohol and Other Drug (AOD) Continuum of Care System Supports

ADDENDUM #1

On May 8, 2018, the New Hampshire Department of Health and Human Services published a request for proposals from Vendors for the coordination of services provided to the New Hampshire Alcohol and Other Drug (AOD) Continuum of Care System statewide.

The Department is publishing this addendum to:

1. Add Section 3, Scope of Services, Subsection 3.7, Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recover (Commission), Paragraph 3.7.4, to read:

3.7.4. The selected Vendor must conduct ***Cost-Effective Reporting*** activities specific to the Commission. The selected Vendor must:

3.7.4.1. Create and produce a ***Program Inventory Report*** for the Commission and the Department no later than December 1, 2018 for the Commission's release no later than January 1, 2019, that includes an inventory of all alcohol and drug abuse prevention, treatment, and recovery programs funded in whole or in part by the Commission.

3.7.4.2. Ensure the report includes, but is not limited to:

3.7.4.2.1. Program description.

3.7.4.2.2. Intended outcome.

3.7.4.2.3. Target participant population.

3.7.4.2.4. Oversight agency.

3.7.4.2.5. Annual budget.

3.7.4.2.6. Average cost per participant.

3.7.4.2.7. An assessment of the evidence of effectiveness for intended outcome. (For this report, "evidence of effectiveness" means documented results of evaluation assessing the effect of the program on the intended outcome for program participants, or program beneficiaries in the case of prevention programs. This may include results of program evaluation conducted in New Hampshire or an evidence rating developed by matching the program to available research using nationally recognized clearinghouses of program evaluations, including, but not limited to, those included in the Pew-MacArthur Results First Clearinghouse Database.)



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- 3.7.4.3. Create and produce a ***Cost-Effectiveness and Outcomes*** report for the Commission and the Department no later than December 1, 2019 and annually thereafter for the Commission's release no later than January 1 of the following year that details currently funded programs, including but not limited to:
 - 3.7.4.3.1. Findings relative to the outcomes.
 - 3.7.4.3.2. Cost-effectiveness of programs and projects.
 - 3.7.4.3.3. Evidence of effectiveness of programs funded in whole or in part by the Commission.
- 3.7.4.4. Ensure the annual reports contain an evaluation of a minimum of four (4) programs identified by the Commission, as follows:
 - 3.7.4.4.1. The initial annual report will address four (4) treatment programs.
 - 3.7.4.4.2. The second annual report will address four (4) prevention programs.
 - 3.7.4.4.3. The following annual reports will alternate between treatment and prevention programs.
 - 3.7.4.4.4. Programs will be chosen from the ten (10) highest annual dollar value programs, excluding law enforcement programs.
- 3.7.4.5. Ensure cost-effectiveness analysis performed permits comparisons between selected programs within a given category.
- 3.7.4.6. Ensure the report:
 - 3.7.4.6.1. Represents outcomes as program effects on the participant population, not documentation of the delivery of the program.
 - 3.7.4.6.2. Performs cost-effectiveness analysis using an economic evaluation in which the costs and consequences of alternative interventions are expressed as cost per unit of outcome.



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3.7.4.6.3. Shows evidence of effectiveness by assessing the effect of the program on the intended outcome for program participants, or program beneficiaries in the case of prevention programs. (This may include results of program evaluation conducted in New Hampshire or an evidence rating developed by matching the program to available research using nationally recognized clearinghouses of program evaluations, including, but not limited to, those included in the Pew-MacArthur Results First Clearinghouse Database.)

3.7.4.7. The selected vendor must participate in any workgroups or committees established by the Department and/or the Commission to evaluate the usefulness of the cost-effectiveness reporting and incorporate any modifications to the process as developed in the workgroup or committee where approved by the Commission.

Q25 *Describe your experience performing cost-effectiveness evaluation and your use of nationally recognized clearinghouses of program evaluations, including, but not limited to, those included in the Pew-MacArthur Results First Clearinghouse Database.*

Q26 *Provide your detailed approach for meeting the objectives of the cost-effectiveness reporting in Section 3.7.4 above.*

2. Delete and replace Section 5, Proposal Evaluation with the following:

5. PROPOSAL EVALUATION

5.1 Technical Proposal

5.1.1	Training (Q1, Q2, Q3, Q4)	50 Points
5.1.2	Technical assistance (Q5, Q6, 7, Q8, Q9)	50 Points
5.1.3	Program evaluation (Q10, Q11)	50 Points
5.1.4	Data collection, analysis, interpretation, reporting and support, Governor's Commission, and YRBS (Q12, Q13, Q14, Q15, Q16, Q17, Q25, Q26)	50 Points
5.1.5	Partnership for Success (Q18, Q19, Q20)	50 Points
5.1.6	Expanding and leveraging partnerships (Q21)	25 Points
5.1.7	Outcomes (Q22)	25 Points
5.1.8	Project Management (Q23)	50 Points
5.1.9	Staffing plan (Q24)	25 Points



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5.2 Cost Proposal

5.2.1 Budget (Appendix D)

- Submit one (1) budget sheet per State Fiscal Year for Subsections 3.1 through 3.6, Subsections 3.8 through 3.13, and Paragraphs 3.7.1 through 3.7.3.
- Submit one (1) budget sheet per State Fiscal Year for Section 3, Subsection 3.7, Paragraph 3.7.4 40 Points

5.2.2 Personnel Sheet (Appendix E) 30 Points

5.2.3 Budget Narrative 30 Points

(Budget narrative must include a detailed description of each budget line item and include area served.)

Maximum Point Value: 475 Points

3. Delete and replace Section 6, Proposal Process, Subsection 6.2, Procurement Timetable, with the following:

Procurement Timetable (All times are according to Eastern Time. DHHS reserves the right to modify these dates at its sole discretion.)		
Item	Action	Date
1.	Release RFP	May 8, 2018
2.	Letter of Intent Submission Deadline (Optional but strongly encouraged)	May 18, 2018
4.	RFP Questions Submission Deadline	June 11, 2018 at 3 PM
5.	DHHS Response to Questions Published	June 15, 2018
6.	Technical and Cost Bids Submission Deadline	July 2, 2018 at 3 PM